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Bib Data Sheet

CONFIRMATION NO. 3762

<b>SERIAL NUMBER</b> 09/740,597	<b>FILING DATE</b> 12/19/2000 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> VASC 1020-1
<b>APPLICANTS</b> Bruce J. Barclay, Cupertino, CA; Kirti P. Kamdar, Sunnyvale, CA;				
<b>** CONTINUING DATA *****</b> <i>BP</i> <i>NONE</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>BP</i> <i>NONE</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 03/05/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Patricia Dellegio</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22470				
<b>TITLE</b> Covered, coiled drug delivery stent and method				
<b>FILING FEE RECEIVED</b> 836	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	